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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/972,822 10/05/2001 ABN
 which is a DIV of 09/239,208 01/28/1999 PAT 6,299,945

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY IL	SHEETS DRAWING 1	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 3
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ADDRESS

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TITLE

Release liners and processes for making the same

FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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